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John V. Hanley, #38,171	(Depositor's name)
grv. H	(Signature)
September 16, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/780,943	02/09/2001	Timothy A.M. Chuter	ENDOV-56584(E0025)	1704

TITLE OF INVENTION: MODULAR GRAFTING SYSTEM AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEI	PUBLICATION FEE	TOTAL FEE(S) DUE	09/17/2004	
nonprovisional	NO	\$1330	\$0	\$1330		
EXA	AMINER	ART UNIT	CLASS-SUBCLASS			
ISABELI	LA, DAVID J	3738	623-001130	_		
FR 1.363). Change of correspon	nce address or indication of "Fo	Ì	2. For printing on the patent front page names of up to 3 registered patent agents OR, alternatively, (2) the name	attorneys or 1 Lee &	ider Patton Utecht, LLP	
Address form PTO/SB/	(122) attached. ation (or "Fee Address" Indicate or more recent) attached. Use	ion form	firm (having as a member a registered agent) and the names of up to 2 regis attorneys or agents. If no name is listed will be printed.			

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ENDOVASCULAR TECHNOLOGIES, INC.

3200 Lakeside Drive, Santa Clara, CA 95054

Please check the appropriate assignee cate	egory or categories (will not be printed on the patent)	; 🔲 individual	Corporation or other private group entity	government g
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s)):		
Xissue Fee	XXA check in the a	mount of the fee(s)	is enclosed.	
☐ Publication Fee ☐XAdvance Order - # of Copies	Payment by cred The Director is Deposit Account N		2038 is attached. by charge the required fee(s), or credit any (enclose an extra copy of this	overpayment, to form).

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(Authorized Signature)	(Date)
Jozv. 1/2	9/16/2004
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09/24/2004 WASFAW2 00000019 062425

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PTO/SB/17 (10-03)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FEE	TR	AN	SM	IT1	TAL
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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Signature

\$1,330.00 (\$)

Complete if Known						
Application Number	09/780,943					
Filing Date	2/9/2001					
First Named Inventor	Timothy A.M. Chuter					
Examiner Name	David J. Isabella					
Art Unit	3738	_				
Attorney Docket No.	ENDOV-56584					

Date

9/16/2004

MI	ETHOD O	F PAYMENT (check	all that apply)	FEE CALCULATION (continued)					_		
Check Credit card Money Other None				3. ADDITIONAL FEES Large Entity Small Entity							
Deposit /	Account:			Fee	Fee	Fee	Fee		Descriptio	n	Fee Paid
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Number Deposit				1052		2052		_	-	filing fee or cover	
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Charge fee	e(s) indicated b	elow Credit any ov	erpayments	1804	920*	1804	920*	Requesting pub	lication of SI	R prior to Examiner	
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10 110 12010 12		CALCULATION	_	1252	420	2252	210	Extension for re	ply within se	cond month	
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1001 770		Utility filing fee		1401	330	2401	165	Notice of Appea	ıf		
1002 340		, ,		1402	330	2402	165	Filing a brief in	support of ar	n appeal	
1003 530	2003 265	Plant filing fee		1403	290	2403	145	Request for ora	l hearing		
1004 770	2004 385	Reissue filing fee		1451	1,510	1451	1,510	Petition to institu	ute a public i	use proceeding	
1005 160	2005 80	Provisional filing fee		1452	110	2452	55	Petition to revive	e - unavoidal	ole	
	SU	JBTOTAL (1) (\$)			1,330	2453		Petition to revive		onal	
2. EXTR	A CLAIM FE	ES FOR UTILITY A	ND REISSUE		1,330	2501		Utility issue fee	•		1,330.00
	Extra (Fee fro	om	1502		2502		Design issue fe	е		
Total Claims	-20*		= 0.00	1503		2503		Plant issue fee	•		
Independent Claims	-3*		= 0.00	1460		1460		Petitions to the			
Multiple Depe	endent			1807	50	1807		Processing fee Submission of la			
Large Entity Fee Fee	Small Ent	<u>ity</u> Fee Descriptio	n	1806	180	1806		Statement			
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1202 18		Claims in excess of 2		1809	770	2809	385	Filing a submiss (37 CFR § 1.1)		al rejection	
1201 86 1203 290		Independent claims in Multiple dependent cla		1810	770	2810	385	•	onal invention	n to be examined	
1204 86	2204 43	** Reissue independe	nt claims	1801	770	2801	385	Request for Cor		nination (RCE)	
4005 40	0005	over original patent		1802	900	1802	900	Request for exp		ination	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			Oth	er fee (specify)	of a design appl	iioatioii			
SUBTOTAL (2) (\$) \$0.00										<u> </u>	
**or number previously paid, if greater, For Reissues, see above				*Red	duced b	y Basic	Filing	Fee Paid	SUBTOT	AL (3) (\$)	\$1,330.00
SUBMITTED BY								- -	Complete (ii	f applicable)	
Name (Print		John V. Hani	lev		Registra			38,171	Telephone	310-824-	5555
טחודים) באוומצו	' ype/	JUHR V. FIRM	ic y	I 4	(Attorne)	//Agent)		20,171	i orabitone	J10-024-	JUJU

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